

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece.		<p>A. Signature <i>Samuel D. Parkin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <i>Samuel D. Parkin</i> C. Date of Delivery <i>07/07/04</i></p> <p>address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>enter delivery address below: <i>PO Box 59</i></p>	
		3. Service Type	
		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from s)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7006 2760 0002 8193 1965			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	